Female White Widowed Divorced 5-6-1910 52 Months Days Hours Min. Double Hours Min. Double Hours Min. Divorced 5-6-1910 52 Months Days Hours Min. Min. Days Hours Min. Min. Days Hours Min. Min. Days Hours Min. Min. Divorced 5-6-1910 52 Months Days Hours Min. Days Hours Min. Divorced 5-6-1910 52 Months Days Hours Min. Divorced 5-6-1910 52 Months Days Hours Min. Day Weare Paul Tuck St. Joseph, Mo. The Readers Mine Hours Mines Hours Min. Days Hours Min. Day		11226	JUK	וע ו	VI.	SION OF HEALTH - STA	ANDARD	CERTIF	ICATE O	F DEATH		-6%	2-030	133
VS 300 VS	DEP				**************************************									UMBER
STATE ME SOURT & COUNTY Buchanan semisland services limits, give Township only) Lingth of twy in 16 to 17 1000 St. Joseph Yes	ON THIS STUB	A	MENDE	D	E	ILED SEP 4 1962	, J.							
3 NAME OF DECERTOR OF STATE OF		<u> </u>												
3 4 / 1 5 / 1 6	Rev. 4/59	2			_	OR .	TOWNSHIP only)	Leng	th of stay in 1b	OR				Inside Limits
3 4 / 1 5 / 1 6	1~:	₩				po. copep.		I		TOWN St				
3 4 / 1 5 / 1 6	5117	11/2			l	c. FULL NAME OF (If NOT in hospital, gi HOSPITAL OR	ve location)	_		I ADDRESS				1
A 1 SAME OF DECEASED First Middles Lest 4. DATE Month Day Yest Yest Citys or prim) MARY GERTRUDE TUCK DEATH August 23, 1962 S. 1962 S. SEX S. COICE OF BACE TO MARY GERTRUDE TUCK DEATH August 23, 1962 S. SEX S. COICE OF BACE TO MARY GERTRUDE TO THE STATE STAT	² 5117	, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			l –	Maintion St. Joseph	s Hospita	11	Yes No 🗌		032 Nort	n ZUt	n	Yes □ No DE
S / S / S / S / S / S / S / S / S / S /						3. NAME OF DECEASED First		Middle			1 05		•	
TO THE PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal part ii. Here a pregnancy in last 90 day with three a pregnancy in last 90 day long and the deceased was famile between the part 16 of the part 10														
Address of the first only one cause per line for PART II. OF the Stander of the terminal PART III. If deceased was famile where a pregnancy in last 90 day ling or cause last. Due to (b) lying cause last. Due to (c) lying cause last. Due to (d) last severe (d) line for part II. Of the Stander Committee of the terminal part III. If deceased was famile where a pregnancy in last 90 day last saw last and the deceased from the last saw	5 /										L	country)	12 CITIZEN OF	WHAT COUNTRY
15. WAS DECRASED EVER IN U.S. ARMED FORCES? 10. OCCUPANT ON THE PROPOUND OF T	- I	S.A.S			J	during most of working life, even if retin	ed) Reta	il Der	t. Store	St. Jo	seph, Mo	,	USA	
15. MAS DECRASED EVER IN U.S. ARMED FORCES 9/70/X 10 10 10 11 10 123 - 0 14 15 16. SOLIAL SECURITY NO. 17. INFORMANT Bernard Tuck St. Joseph, Mo. 18. CAUSE OF DEATH Enter only one cause per line for INMEDIATE CAUSE BY: IMMEDIATE BY: IMMEDIATE CAUSE BY: IMMEDIATE BY: IMMEDIATE CAUSE BY:	7 0	3			1	3a. FATHER'S NAME	1	13b. MOTHER	'S MAIDEN NAME					É
PART II. OFFER DISTRICT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal plant in part in strong strong in part i of item is.) 10	8 2	입			١.,		DOCES 1	Mary	Weare	17 ANECOMANT	Pa			
10 00 00 00 00 00 00 00 00 00 00 00 00 0		&			0	res, mp, or unknown) (If yes, give war or d	ates of service)	IB. SOCIAL	SECURITY NO.		ck S			
INMEDIATE CAUSE (a) Conditions, if any, which gave rise to which gave rise to stating the under lying cause last.	9170X	꾋		⊢					-4	Dernard 1d		0.00	11	NTERVAL BETWEEN
WHILE AT WORK OR WELL AND PERFORMEDY DUE TO (c) STATE 10 10 10 10 10 10 10 1	10												INSET AND DEATH	
WHILE AT WORK OR WELL AND PERFORMEDY DUE TO (c) STATE 10 10 10 10 10 10 10 1	11	9 9	-	ਿਤਿ		IMMEDIATE CA	(USE (8)	wee	uma_	THE T	<u>.</u>			 -
Solution State S	122 - 0	찚		2		Conditions, if any, DUE TO (D)							3/2 mo	
Solution State S	12.3 - 0	SE IS			l	above cause (a), }	\ <u></u>			,	•			·
The state condition given in PART 1 (a) Condition given in PART 1 (a) Condition given in PART 1 (b) Condition given in PART 1 (condition given	13 / -0					lying cause last.] Di						•		
TO STATE 19. WAS AUTOPSY 20a. ACCIDENT 20a. Month, Day, Year 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 20c. TIME OF Hour Month, Day, Year 20c. PLACE OF INJURY (e.g., in or about home, p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m		<i>i</i>			I ON	PART II. OTHER SIGNIFIC disease condition	ANT CONDITION given in PART 1 (IS CONTRIB (a)	UTING TO DEATH	I but not related to	the terminal	PART II	I. If deceased there a pregn	was female wa ancy in last 90 days
BY STATE STATE		ž			Σ									
BY STATE Death accurred at 22a SIGNATURE 22b ADDRESS 22c DATE SIGNATURE 22a SIGNATURE 22a SIGNATURE 22b ADDRESS 22b ADDRESS 22c DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 22b ADDRESS 22b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 22b ADDRESS 22b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 22b DATE RECCU BY LOCAL REG. 25a DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 25b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 25b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 25b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 25b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 25b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 25b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 25b DATE RECCU BY LOCAL REG. 26a REGISTRAR'S SIGNATURE 26a REGISTRAR'S SIGNATURE	y Q	NDW				→ PERFORMED? □	SUICIDE HÓMI	CIDE 20	ъ. DESCRIBE HÓ\	V INJURY OCCURRED.	(Enter nature of	injury in F	PART I or PART I	l of item 18.)
Death occurred at 3:20 p m on the datastated above, and to the best of my knowledge, from the causes stated. I 22a, SIGNATURE 22a, DATE SIGNE 22a, DATE SIGNE 22a, DATE SIGNE STATE 23a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) St. Joseph, Mo. 23a, BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) St. Joseph, Mo. 24. FUNERAL DIRECTOR ADDRESS 25. DATE RECU. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 25. DATE RECUL RECULL RECUL		AME			A. 16	INJURY a.m.	ear							<u> </u>
Death accurred as 22c. Date signer (Deather or title) 22a, SIGNATURE 22c. Date signer 8 2 2c. Date signer 9 2 2c. Date					5/192	MHILE AT WORK □ I	PLACE OF INJUR farm, factory, stre	(e.g., in o	r about home, 2 ldg., etc.)	of. CITY, TOWN, OR	LOCATION		COUNTY	STATE
Death accurred signal (Deagle or title) 22a, SIGNATURE 22a, DATE SIGNA 3. 2. 7. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.	ER AC	AD		!	ĨŽ,	21 Leave ded the descreed from	you 1	0186	2 23	eur /462	last saw her ali	ive on U	my 23	1960
236/BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or country) (State) Burial Aug. 27, 1962 Mt. Olivet. Cemet.ery St. Joseph, Mo. Let William Aug. 27, 1962 Mt. Olivet. Cemet.ery St. Joseph, Mo. 24. FUNERAL DIRECTOR 25. DATE RECU. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 25. DATE RECU. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 28/96/96/96/96/96/96/96/96/96/96/96/96/96/	18 B	21. I attended the deceased from 3:20 pm on the date stated above, and to the best of my									causes stated.			
236/BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or country) (State) Burial Aug. 27, 1962 Mt. Olivet. Cemet.ery St. Joseph, Mo. Let William Aug. 27, 1962 Mt. Olivet. Cemet.ery St. Joseph, Mo. 24. FUNERAL DIRECTOR 25. DATE RECU. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 26. REGISTRAR'S SIGNATURE 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 25. DATE RECU. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 27/962 Mt. Olivet. Cemet.ery 28/96/96/96/96/96/96/96/96/96/96/96/96/96/	. 35 A			<u> L</u>	\mathcal{X}		— (Decodee or titl	le)	1	22b. ADDRESS				22c. DATE SIGNE
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1 1 1 HO. Sidenfaden & Son St Joseph, Mo aug 27 1962 20 Los Clark Hardell	-		+	<u> </u> ≩	2	3a BURIAL, CREMATION, 23b. DATE	23c.	NAME OF C	EMETERY OR CRE	MATORY 2	d. LOCATION (City, town,	or county)	(State)
E H.O. Sidenfaden & Son St Joseph, mo aug 27/962 20 Los Clark Hardell		일				Burial Aug. 27	<u>, 1964 1</u>	Mt. 01	ivet Ceme	tery S	St. Josep	oh, Mo	•	
		ITEM		BY A	\vec{H}	O. Silandalon & Som	ADDRÉSS SLD	osial.	Mo acc	e recut by local re • 27/962				arlell
	ı	1 1		1	# / <u>*</u> *	RAU		(Licensed	mbalmer's Statem	ent on Reverse Side)				

Germit Coursed 8/07/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name i	s recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	La 12 10 10
Student	_ Signed Volgert Safe
Signature of Student Embalmer	
	Licensed Embalmer No. 3308
	P.O. Address St. Joseph, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.